

# UPPER TORSO

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**Eto**

COMPRESSION GARMENTS

Patient Name \_\_\_\_\_ Order No. \_\_\_\_\_

Measured by \_\_\_\_\_ Repeat Garment No. \_\_\_\_\_

Date \_\_\_\_\_ Telephone \_\_\_\_\_

Clinic / Hospital \_\_\_\_\_

MEASUREMENTS IN CMS PLEASE USE BLACK INK

## UPPER TORSO - CUSTOM MADE BREAST/TRUNKAL OEDEMA

SELECT COLOUR  
 Beige  White  Black

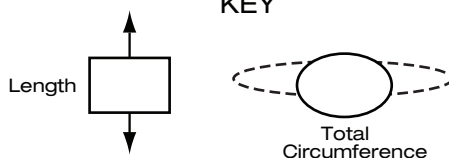
SELECT COMPRESSION  
 CCL1  CCL2

SELECT GARMENT STYLE:

MODEL 400/402  MODEL 601  MODEL 603  MODEL 603L  MODEL 703-1

	<input type="checkbox"/> Width of shoulderstrap (cms) 	<input type="checkbox"/> Width of shoulderstrap (cms) 	<input type="checkbox"/> Width of shoulderstrap (cms) 		COMMENTS/ SPECIAL REQUEST
MODEL 703-1 ADDITIONAL MEASUREMENTS					
Circumference		Length			
At G		H-G			
At F		G-F			

KEY



FRONT VIEW

REAR VIEW

